



**City of South Miami**  
Human Resources Department  
6130 Sunset Drive  
South Miami, Florida 33143

**Instructions: PLEASE PRINT CLEARLY IN INK OR TYPE ALL INFORMATION. If you need additional space, use a separate sheet of paper. You may attach a resume or additional documents to support your application.**

**POSITION APPLIED FOR** \_\_\_\_\_

**CURRENT PERSONAL DATA**

FULL NAME: \_\_\_\_\_

MAIDEN NAME (if applicable): \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PRIMARY TELEPHONE: (\_\_\_\_) \_\_\_\_\_

ALTERNATE TELEPHONE: (\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT AVAILABILITY**

Date Available: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary Desired \_\_\_\_\_

Are you over 18 years of age? Yes \_\_\_\_ No \_\_\_\_

Are you legally authorized to work in the United States? Yes \_\_\_\_ No \_\_\_\_

**EDUCATION**

	School Name/Address	Did you Graduate/Degree Received	Highest Grade/Level Completed
High School		Yes ____ No ____	9 ____ 10 ____ 11 ____ 12 ____
College/University		Yes ____ No ____	Associates ____ Major ____
College/University		Yes ____ No ____	Bachelors ____ Major ____
Graduate		Yes ____ No ____	Degree ____
Vocational/Technical		Yes ____ No ____	
License/Certificates		Yes ____ No ____	

**EMPLOYMENT HISTORY**

**You must complete this section even if you attach a resume.**

Beginning with your present or most recent employer, list all full and part time employment for the past 10 years and account for all periods of unemployment, which exceed three months. Use additional sheets if necessary, if you were employed under other names, list with applicable employers.

**May the City of South Miami contact your present employer? Yes \_\_\_ No \_\_\_**

**NAME OF EMPLOYER:**

Street address/City, State Zip:

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Reason for Leaving (Be specific, this area must be completed) : \_\_\_\_\_

**NAME OF EMPLOYER:**

Street address/City, State Zip:

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Reason for Leaving (Be specific, this area must be completed) : \_\_\_\_\_

**NAME OF EMPLOYER:**

Street address/City, State Zip:

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Reason for Leaving (Be specific, this area must be completed) : \_\_\_\_\_

**NAME OF EMPLOYER:**

Street address/City, State Zip:

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Reason for Leaving (Be specific, this area must be completed) : \_\_\_\_\_

Have you ever been terminated for misconduct or unsatisfactory service, or forced to resign from any position? Yes \_\_\_ No \_\_\_ . Explain \_\_\_\_\_

Are you related to anyone employed by The City of South Miami? Yes \_\_\_ No \_\_\_ . If yes, give name(s) and relationship: \_\_\_\_\_

Were you referred for this position by an employee at The City of South Miami? Yes \_\_\_ No \_\_\_ .If yes, give name(s): \_\_\_\_\_

Have you ever been employed by The City of South Miami? Yes \_\_\_ No \_\_\_ . If yes, complete the following:

Dates previously employed (From/To)	
Position:	
Reason for Leaving:	

**List any licenses, certificates or additional skills you have that may be helpful in doing this job:**

License/Certificates/Additional Skills	Dates Received (if applicable)	Name of School

**Describe any special equipment or machinery you can operate:**

Special Equipment	Machinery	Years of Experience

**List any Professional, Technical, or Trade Association in which you are a member:**

Association/Affiliation

## REFERENCES

List three (3) Personal or Professional references (No relatives).

You must be acquainted with the listed reference for 1 year or more.

Name	Telephone	Years Acquainted	Relationship

**Languages – Indicate languages you Speak, Read and/or Write fluently**

English: Speak \_\_\_ Read \_\_\_ Write \_\_\_ Other: \_\_\_\_\_ Speak \_\_\_ Read \_\_\_ Write \_\_\_  
 Spanish: Speak \_\_\_ Read \_\_\_ Write \_\_\_ Other: \_\_\_\_\_ Speak \_\_\_ Read \_\_\_ Write \_\_\_

## VETERAN'S PREFERENCE

Have you ever served in the U.S. Military? Yes \_\_\_ No \_\_\_ . If yes, Branch: \_\_\_\_\_

Dates of Active Duty (From/To): \_\_\_\_\_ Rank: \_\_\_\_\_

Occupational Specialty: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Do you wish to claim Veteran's Preference? Yes \_\_\_ No \_\_\_. If yes, please complete this page and attach a copy of your DD214.

### Claim For Veteran's Preference

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I claim Veteran's Preference based upon the following: (Check basis for your preference)

- \_\_\_\_\_ 1. As a veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the US Veteran's Administration and the Department of Defense.
- \_\_\_\_\_ 2. As the spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, capture or forcibly detained by a foreign power.
- \_\_\_\_\_ 3. As a veteran of any war who served on active duty for 181 consecutive days or more, or who has served 180 days or more since January 31, 1995, if any part of such active duty was performed during a wartime era as defined by Florida Statutes and Florida Administrative Code. Active training is not allowable.
- \_\_\_\_\_ 4. As the un-re-married spouse of a veteran who was killed in action, or died of a service-connected disability.

\_\_\_\_\_ Branch of Service

\_\_\_\_\_ Date of Entry

\_\_\_\_\_ Date of Discharge

Have you been employed through Veterans' Preference since October 1, 1987? \_\_\_\_\_

If yes, please provide the name and telephone of the employer: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

**You must attach a copy of your discharge papers (DD214).**

**Note: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 25.08 may file a complaint with the Division of Veteran's Affairs within 21 days from the date of notice of hiring decision.**

The City of South Miami conducts a criminal background check and driving record check if you are considered for hire. A criminal conviction record will not automatically disqualify an applicant. However, any applicant who falsifies/omits information from the application by failing to provide required information on convictions will be disqualified, any conditional employment offer will be rescinded and/or employment will be immediately terminated for cause.

This form will be removed from the application prior to review.

### Background Check

**\*Must include all instances even if adjudication withheld/pretrial diversion, etc.**

Have you ever been arrested? Yes \_\_\_ No \_\_\_

Have you ever been found guilty of, had adjudication withheld, or pled no contest (*nolo contendere*) to any misdemeanor or felony? Yes \_\_\_ No \_\_\_

Provide all relevant details including fines, arrests, convictions, jail or prison sentences, and probation. Attach additional sheets if needed.

Date	Offense/Charge	Name/Location of Court	Disposition/Sentence

Do you hold a valid Florida Drivers License Yes \_\_\_ No \_\_\_ Expiration Date: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License type: Operator \_\_\_ CDL: A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ CDP Endorsement: \_\_\_\_\_

Has your Drivers License ever been suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, Explain \_\_\_\_\_

Have you ever been found guilty, had adjudication withheld, or pled no contest to a moving violation? Yes \_\_\_ No \_\_\_. Please provide all details including fines, arrests, convictions, probation, jail or prison sentences. Attach additional sheets if needed.

List all, if any traffic accidents and moving violations found in your driving record.

Date	Traffic Citation/Violation	Name/Location of Court	Disposition/Sentence

### Authorization to Release Information

I hereby authorize representatives of the City of South Miami bearing this release, or a copy thereof, to obtain from any agency of the Government of the United States, and/or any other agency, person, firm or corporation holding records concerning me that are considered confidential, any and all information that involves me in any way. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the bearer. This further includes the furnishings of copies of pertinent documents about my background as required.

Such records may pertain to employment records or educational records including but not limited to achievement, attendance, personal history, disciplinary records, credit checks, reasons for termination of employment, reason for discharge from the military service, job performance, criminal history and other personal information which may not otherwise be obtained without prior agreement. I hereby direct you to release such information for the official use of the City of South Miami.

I hereby release you, as custodian of such records and as employer, educational institution, credit reporting agency, or any other agency entity, or any other agency or entity, and including all of your officers, employees or related personnel, both individually and collectively, from any and all liability, for damages of whatever kind that may at any time result to me, my heirs, family; or associates arising out of compliance with this authorization and request to release information, or any attempt to comply with it.

I further understand that all information and materials may be included in this waiver shall be considered public records subject to disclosure, pursuant to Florida State Statute 119.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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### AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF DADE

Before me personally appeared the said \_\_\_\_\_ who says he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose thereof.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
by \_\_\_\_\_. Personally known \_\_\_or produced  
identification \_\_\_\_.

Type of Identification Produced: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Exp: \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

<b>CERTIFICATION</b>
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I certify that there are no misrepresentations, omissions, or falsifications in the statements and answers on this application and that all the foregoing entries made by me are true, complete and correct to the best of my knowledge and belief.

I hereby authorize the City of South Miami to verify all information contained herein and I release all past employers and all references from any and all liability for the release of information to the City of South Miami. I also understand that my employment is contingent upon acceptable references and backgrounds checks.

I further understand that all job offers a from the City of South Miami are conditioned on successful completion of a health questionnaire and medical examination by a City of South Miami appointed physician/facility and psychological evaluation to determine my ability to perform any job offered, such examination shall include alcohol/drug screen for which I give consent and agree to give a specimen of my blood and/or urine to any medical facility designated by the City of South Miami for this purpose.

I also understand that in accordance with Florida Statutes, employment with in City of South Miami is 'At-Will' and as such, may be dismissed whenever in the judgment of the City Manager the employee's work or misconduct so warrants.

I understand that the City of South Miami will not tolerate unlawful harassment and that employees have an affirmative duty to report such indicates and that such conduct is grounds for termination of employment.

I further understand and agree in advance that I may be summarily discharged if any of the information provided by me contains any misrepresentation or falsifications or if any material information has been omitted regardless of when this information becomes known to the City of South Miami.

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from present processing or, if after my acceptance for employment, subsequent investigation should disclose misrepresentation, falsification or omissions, it will be just cause for immediate dismissal from employment with the City of South Miami.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## EQUAL EMPLOYMENT INFORMATION SHEET

The City of South Miami is an Equal Opportunity Employer. Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, sexual preference, national origin, age, disability, marital or veteran status (except if eligible for veteran's preference). The City requests the following information to monitor our compliance with employment laws. Disclosure of the requested information is voluntary and will not affect your employment opportunities with the City.

**THIS FORM WILL BE REMOVED FROM THE APPLICATION PRIOR TO REVIEW.**

Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

<b>RACE/ETHNIC CATEGORIES (check one):</b>		
<b>1</b>		<b><u>White (not of Hispanic origin):</u></b> A person having origins in any of the original peoples of Europe, the Middle East, or North America.
<b>2</b>		<b><u>Black or African American (not Hispanic origin):</u></b> A person having origins in any of the Black racial groups of Africa.
<b>3</b>		<b><u>Hispanic or Latino (ethnicity):</u></b> A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin regardless of race.
<b>4</b>		<b><u>Asian or Pacific Islander:</u></b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<b>5</b>		<b><u>American Indian or Alaska Native:</u></b> A person having origins in any of the original people North and South America (including Central America), and who maintains tribal affiliation or community attachment.

<b>U.S. CITIZEN</b>		
<b>1</b>		Yes
<b>2</b>		No

<b>GENDER</b>		
<b>1</b>		Male
<b>2</b>		Female

<b>VETERAN</b>		
<b>1</b>		Yes
<b>2</b>		No

<b>REFERRAL SOURCE: How did you hear about the vacancy for which you are applying?</b>		
<b>1</b>		City Job Announcement (City web site or Bulletin Board)
<b>2</b>		Newspaper Advertisement (Specify Newsletter)
<b>3</b>		Internet Site (Specific Site):
<b>4</b>		City Employee (Indicate name of the referring employee):
<b>5</b>		Correspondence (What type):
<b>6</b>		Walk-in Applicant
<b>7</b>		Job Fair (Please specify locations):
<b>8</b>		Professional Publication (Please specify):
<b>9</b>		Other (Please specify):